"This form, when filled in, contains patient information that must be protected in accordance with the Health Insurance Portability & Accountability Act."

KY Division of Laboratory Services 100 Sower Blvd. Suite 204 Frankfort, Kentucky 40601 Phone: 502/564-4446 Fax: 502/564-7019



Use this form for complete profile only, see Lab Form 213 for individual tests.

			see Lai	0 F01111 213 101 11101	viduai tests.
Please submit a completed Prenatal Profile Form and one full 6 mL red stoppered tube per patient.					
Patient Information (Please use L label or fill in completely):					
Patient Name (Last, First, MI)					
Patient I.D. #	Sex	Race	Age DOB		
Home Address					
City	State	Zip	Cou	inty	
Submitter Name Submitter Site Code					
Weeks Pregnant	D	ate Collected			
Prenatal Profile (Syphilis, HBsAg, Rubella, Hepatitis C) requires one <u>full_</u> 6 mL red-					
stoppered tube and one Plasma Preparation Tube (PPT).					
stoppered tabe and one ridoma rieparation rube (riri).					
Comments:					
Commonic.					
For Laboratory Use Only					